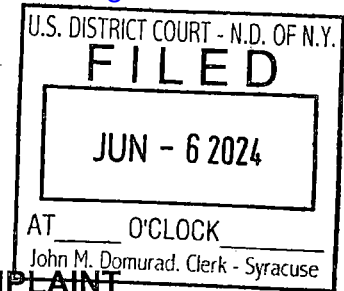


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

Wayne R. Smith

Plaintiff(s),

v.
Oneida County Jail ; Robert Maciel
Correctional OFFICERS Pelton, John Doe #1;
John Doe #2 ; John Doe #3
Defendant(s).



COMPLAINT
(Pro Se Prisoner)

Case No. _____
(Assigned by Clerk's
Office upon filing)

Jury Demand

☒ Yes
☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore **not** contain: an individual's social security number, taxpayer identification number, or birth date; the name of a person known to be a minor; or a financial account number. A filing may include *only*: the last four digits of a social security number or taxpayer-identification number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Fed. R. Civ. P. 5.2.

I. LEGAL BASIS FOR COMPLAINT

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)
☐ *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)
☐ Other (please specify) _____

II. PLAINTIFF(S) INFORMATION

Name: Wayne R. Smith
 Prisoner ID #: 15082
 Place of detention: Oneida County Jail
 Address: 6075 Judd Rd
Oriskany NY 13424

Indicate your confinement status when the alleged wrongdoing occurred:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☐ Immigration detainee

Provide any other names by which you are or have been known and any other identification numbers associated with prior periods of incarceration:

If there are additional plaintiffs, each person must provide all of the information requested in this section and must sign the complaint; additional sheets of paper may be used and attached to this complaint.

III. DEFENDANT(S) INFORMATION

Defendant No. 1: Oneida County Jail
 Name (Last, First)
Oneida County Correctional Facility
 Job Title
6075 Judd Rd
 Work Address
Oriskany NY 13424
 City State Zip Code

Defendant No. 2: "Sheriff" Maciol, Robert
 Name (Last, First)
Sheriff of Oneida County
 Job Title

Oneida County Sheriff Department
Work Address 6075 Judd Rd
Oriskany N.Y. 13424
City State Zip Code

Defendant No. 3:

Patterson
Name (Last, First)

SGT Correctional OFFICER
Job Title Oneida County Sheriff Department
6075 Judd Rd Oriskany NY 13424
Work Address

Oriskany NY 13424
City State Zip Code

Defendant No. 4:

Pelton
Name (Last, First)

Correctional OFFICER
Job Title Oneida County Sheriff Department
6075 Judd Rd
Work Address

Oriskany NY 13424
City State Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

IV. STATEMENT OF FACTS

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)

- How each defendant was involved in the conduct you are complaining about

If you were physically injured by the alleged misconduct, describe the nature of your injuries and the medical evaluation and treatment you were provided. You need not cite to case law or statutes or provide legal argument in the Statement of Facts. Use additional sheets of paper if necessary.

I was brought into the custody of the Oneida County Jail early AM of April 6th 2024 after being Sedated and Released From the Hospital Upon entry I was taken into a hold tank where I was thrown to the ground and severely beaten by the correction Officers on Duty. More officers will be named upon inspection of Duty logs and body cams. As I was being beating I was being told it was because I stabbed a cop in the Face, which I didnt do. I was then put into a strip cell and not allowed Food or Medical attention until Monday April 8th 2024. The whole time telling me I refused all Food trays and Medical, when I didnt. (see Attached pages)

V. STATEMENT OF CLAIM(S)

State briefly and concisely the constitutional and/or statutory basis for each claim you seek to assert and identify the defendant(s) against whom each claim is

After I was beaten and humiliated, there were several CO's who were trying to get C.O. Webb to go into my cell and beat me some more. I have been put on SAI status since the assault and even on Restraints. They on several occasions turned away my visits.

There was a CO Demico who was also somehow involved. I suffered abrasions and cuts to my head and face. I suffered abrasion to my knee's. I was kicked in the groin so hard I had blood in my urine for 2 weeks. That was CO. Pelton who kicked me and stomped on my legs. CO Pelton later harassed me in the POD. I'm housed in and asked another Inmate to spit in my water.

A witness to my incident is a Correction Officer named Webb.

asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right; and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

FIRST CLAIM

The right to be Free from cruel
and unusual Punishment

SECOND CLAIM

Unconstitutional conditions of
Confinement

THIRD CLAIM

Denial of Equal Protection


VI. RELIEF REQUESTED

State briefly what relief you are seeking in this case.

I am seeking \$1,000,000 For the
Pain and Suffering of the ASSAULT

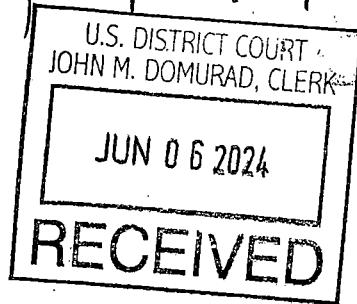
I declare under penalty of perjury that the foregoing is true and correct.

Dated: June 3


Plaintiff's signature
(All plaintiffs must sign the complaint)

Wayne R. Smith #15082
Oneida County Jail
6075 Judd Rd
Oriskany N.Y. 13424

ONEIDA COUNTY JAIL
INMATE MAIL



United States District Court
Federal Building P.O. Box 7367
100 South Clinton St
Syracuse N.Y. 13261-7367

